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PTO/SB/21 (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/044,407	
	Filing Date	January 11, 2002	
	First Named Inventor	Dennis M. Hilton	
	Art Unit	1714	
	Examiner Name	Toomer, Cepha D.	
Total Number of Pages in This Submission	4	Attorney Docket Number	621P001

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Notice of Appeal	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kevin S. Lemack Niels & Lemack
Signature	
Date	April 29, 2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Kevin S. Lemack
Signature	
Date	April 29, 2004

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
440.00

Complete if Known

Application Number	10/044,407
Filing Date	January 11, 2002
First Named Inventor	Dennis M. Hilton
Examiner Name	Toomer, Cephia D.
Art Unit	1714
Attorney Docket No.	621P001

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number
Deposit
Account
Name

14-0930

Nields & Lemack

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Fee Code	Small Entity Fee Code	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue Independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051 130		2051 65		Surcharge - late filing fee or oath
1052 50		2052 25		Surcharge - late provisional filing fee or cover sheet
1053 130		1053 130		Non-English specification
1812 2,520		1812 2,520		For filing a request for <i>ex parte</i> reexamination
1804 920*		1804 920*		Requesting publication of SIR prior to Examiner action
1805 1,840*		1805 1,840*		Requesting publication of SIR after Examiner action
1251 110		2251 55		Extension for reply within first month
1252 420		2252 210		Extension for reply within second month
1253 950		2253 475		Extension for reply within third month
1254 1,480		2254 740		Extension for reply within fourth month
1255 2,010		2255 1,005		Extension for reply within fifth month
1401 330		2401 165		Notice of Appeal
1402 330		2402 165		Filing a brief in support of an appeal
1403 290		2403 145		Request for oral hearing
1451 1,510		1451 1,510		Petition to institute a public use proceeding
1452 110		2452 55		Petition to revive - unavoidable
1453 1,330		2453 665		Petition to revive - unintentional
1501 1,330		2501 665		Utility issue fee (or reissue)
1502 480		2502 240		Design issue fee
1503 640		2503 320		Plant issue fee
1460 130		1460 130		Petitions to the Commissioner
1807 50		1807 50		Processing fee under 37 CFR 1.17(q)
1806 180		1806 180		Submission of Information Disclosure Stmt
8021 40		8021 40		Recording each patent assignment per property (times number of properties)
1809 770		2809 385		Filing a submission after final rejection (37 CFR 1.129(a))
1810 770		2810 385		For each additional invention to be examined (37 CFR 1.129(b))
1801 770		2801 385		Request for Continued Examination (RCE)
1802 900		1802 900		Request for expedited examination of a design application

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)
440.00

SUBMITTED BY

Name (Print/Type)	Kevin S. Lemack	Registration No. (Attorney/Agent)	32,579	Telephone	508-898-1818
Signature		Date	April 29, 2004		

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